
UTAH PRIMARY CARE NETWORK (PCN)

ENROLLEE SELF HEALTH ASSESSMENT

JULY 2002 – DECEMBER 2002

**For the 9,984 PCN Applicants
Who Completed Health Assessment Forms
July 1, 2002 Through December 31, 2002**

**Submitted to:
Executive Director's Office
Office of Children's Insurance and Access Initiatives**

**By:
Office of Health Care Statistics
Center for Health Data
Utah Department of Health
April 2003**



Executive Summary
PCN Health Assessment Quarterly Report No. 2 - Baseline Indicators
July 1 – December 31, 2002

The quarterly report on the PCN respondents' self-health assessments intends to provide baseline and on-going information to the PCN program and its partners. The information in the report is organized around ten health indicators as follows:

Health Indicator	July 1 – September 30, 2002 Respondents N = 4,861	October 1 – December 31, 2002 Quarter 2 Respondents N = 5,123	All Respondents N = 9,984
Health Status and Conditions			
1. Self-Reported Health Status (SF-12)			
Physical Health Component	45.82	48.36	47.10
Mental Health Component	40.26	40.29	40.27
2. Prevalence of Chronic Conditions			
Arthritis (previously diagnosed)	18.4%	14.4%	16.3%
Asthma (current condition)	13.0%	10.5%	11.7%
Diabetes (previously diagnosed)	10.3%	7.9%	9.1%
High Blood Pressure (current condition)	16.6%	12.0%	14.2%
Health Risk Behavior			
3. Prevalence of Smoking and Chewing Tobacco Use	30.4%	30.1%	30.2%
Health Care Utilization in the Past 6 Months			
4. Got Needed Care			
Medical Care	66.8%	64.1%	65.5%
Dental Care	37.9%	39.3%	38.6%
Prescription Medication	63.7%	60.7%	62.2%
5. Received Routine Health Care	55.4%	48.4%	51.8%
6. Emergency Department Visits	25.4%	23.7%	24.5%
7. Hospitalization	9.3%	9.6%	9.4%
8. Got Specialty Care	63.6%	61.9%	62.8%
Dis-Satisfaction with Health Care in the Past 6 Months			
9. Problem Getting Needed Care	45.5%	41.5%	43.5%
10. Problem Getting Referrals to Specialists	47.8%	45.0%	46.5%

By December 31, 2002, Utah Office of Health Care Statistics had received a total of 9,984 completed health assessment forms, originating from all 29 counties in Utah during PCN orientation sessions. Approximately seven percent of the respondents were former UMAP PCN enrollees (N=686). The respondents reported here include people who formally applied for PCN and completed the assessments, whether or not they were later denied. The above 10 health indicators were selected from the 37 questions in the PCN enrollee self-health assessment questionnaire. Benchmark and comparable information and more statistical tests will be presented in future reports.

Executive Summary
PCN Health Assessment Quarterly Report No. 2 – Selected Major Findings
July 1 – December 31, 2002

- ❑ Quarter 2 (October 1-December 31, 2002) PCN respondents reported a slightly better health status over Quarter 1 (July 1-September 30 2002) respondents. However, the combined population remained lower than its counterpart in the U.S. general population. *(page 6)*
- ❑ Mental health status of PCN respondents is poorer than the U.S. general population in every age group. *(page 7)*
- ❑ Previously-diagnosed chronic conditions among PCN respondents decreased in Quarter 2 compared to Quarter 1. *(page 8)*
- ❑ Self-reported chronic conditions decreased in Quarter 2 compared to Quarter 1. *(page 9)*
- ❑ Quarter 2 PCN respondents reported a moderate decrease (over 6%) in needing medical care and prescription medication than Quarter 1 PCN respondents. *(page 10)*
- ❑ Over one-third of the survey population was unable to receive needed prescription medication within six months prior to completing the PCN health assessment form. *(page 11)*
- ❑ Nearly half of PCN respondents did not receive routine care within six months prior to completing the PCN health assessment form. *(page 12)*
- ❑ Approximately one in four respondents in the survey population went to an emergency room within six months prior to completing the PCN health assessment form. *(page 13)*
- ❑ PCN respondents are estimated to use inpatient services three times more than the 2001 Utah general population, age 18-64. *(page 14)*
- ❑ PCN respondents who needed to see a specialist, six months prior to completing the PCN health assessment form, dropped 5.5% in Quarter 2 versus Quarter 1. *(page 15)*
- ❑ Nearly 42 percent of Quarter 2 PCN respondents reported having a problem in getting needed care within six months prior to completing the PCN health assessment form. *(page 19)*
- ❑ Nearly 47 percent of all PCN respondents had a problem getting a referral to her/his needed specialist. *(page 20)*

Note: Many of the former-UMAP recipients enrolled in PCN during Quarter 1. This may partly account for changes in several health measures from Quarter 1 to Quarter 2. Additional information about these findings can be found later in the report.

Table of Contents

	PAGE
Executive Summary.....	i
Table of Contents.....	iii
Acknowledgements.....	iv
I. Purpose of the Report.....	1
II. PCN Enrollee Self Health Assessment.....	1
III. PCN Health Assessment Respondents Covered in This Report.....	2
IV. Selected Health Indicators for PCN Enrollees.....	3
V. Information on Each of the Selected Indicators	
Indicator 1. Enrollees Self-Reported Health Status	
A. Physical Health Component.....	6
B. Mental Health Component.....	7
Indicator 2. Prevalence of Chronic Conditions	
A. Diagnosed Chronic Conditions.....	8
B. Current Chronic Conditions.....	9
Indicator 3. Got Needed Care	
A. Needed Health Care.....	10
B. Able to Receive Needed Health Care	11
Indicator 4. Received Routine Care.....	12
Indicator 5. Utilization of Emergency or Urgent Care.....	13
Indicator 6. Utilization of Hospital Inpatient Service.....	14
Indicator 7. Got Specialty Care	
A. Needed Specialty Care.....	15
B. Able to Receive Needed Specialty Care.....	16
Indicator 8. Prevalence of Tobacco Use.....	17
Indicator 9. Problem of Getting Needed Care.....	18
Indicator 10. Problem of Getting Referrals to the Specialists.....	19
VI. References.....	20
VII. Appendices	
Appendix A.....	21
Appendix B.....	22

Note: Appendix B is not included in this report. Please contact Mike Martin at 538-9205 or mikemartin@utah.gov, if you would like a copy of the tables.

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I. Purpose of the Quarterly Report

Self-health assessment of PCN enrollees is designed to provide baseline and on-going information to the Utah Primary Care Network (PCN) Program, PCN providers, partners, and other interested parties. Quarterly reports integrate this information into ten health indicators focusing on PCN enrollees' health status, utilization, and satisfaction with received care prior to participating in the PCN program. The purpose of this report, PCN Quarterly Report No. 2, is to help the aforementioned users better assess needs of PCN enrollees and improve health care services for the targeted population.

II. PCN Enrollee Self Health Assessment

The Office of Health Care Statistics (OHCS), Center for Health Data, Utah Department of Health, is responsible for evaluating the health outcomes of Utah Primary Care Network (PCN) enrollees. The health outcome evaluation will answer the following question on PCN impact: Does the availability of primary and preventive care improve the enrollees' health status and improve their access to health care and satisfaction with the care? To accomplish this objective, OHCS has developed a self-health assessment questionnaire (see Appendix A) to gather baseline health information on all first year Primary Care Network enrollees around their enrollment time.

During the first month of PCN enrollment, July 2002, the PCN program utilized separate enrollment processes to accommodate two types of eligible PCN applicants: 1) former beneficiaries of the Utah Medical Assistance Program (Former UMAP) and 2) non-former UMAP applicants. Former UMAP beneficiaries - June 2002 eligible only - received a PCN application form before July 1, 2002. Each potential applicant was invited to mail back, with other required materials, a completed PCN application form by end of July. After August 1, 2002, former UMAP beneficiaries were asked to follow the PCN general enrollment procedure as described below.

After an uninsured adult applies for PCN, the individual is then deemed either eligible or ineligible for the program. PCN eligibles are required to attend an orientation at their nearest Utah Medicaid Health Program Representative (HPR) office in urban areas or Local Health Departments (LHD) in rural areas. During the orientation meeting, HPRs and LHD workers provide educational information to PCN eligibles about the PCN coverage and services while encouraging them to use primary and preventive health care. Each participant is also asked to voluntarily complete the health assessment form. Health assessment forms are distributed during PCN orientation sessions at eligibility offices statewide in all 29 counties in Utah. In some cases, the HPR or LHD worker will send home the survey with a stamped self-addressed envelope for return to OHCS. The HPRs and LHD workers mail back completed forms every Friday to the Office of Health Care Statistics. By the end of December 2002, OHCS received 9,478 assessment forms collected through orientation sessions.

Former UMAP clients, who applied for PCN and did not attend an orientation meeting, were contacted by mail from OHCS over the course of eight weeks after August 1, 2002. The Utah Department of Workforce Services identified 822 enrollment records as former UMAP beneficiaries and PCN enrollees for OHCS. OHCS mailed out the health assessment survey to 621 former UMAP PCN applicants, excluding 180 former UMAP beneficiaries who participated in the orientations and completed the assessments and 67 invalid mailing addresses. A 30-minute free phone card was sent to the respondents after they returned the assessment forms. Three separate mailings were sent by OHCS followed by a reminder postcard.

seven days after each mailing. Nearly 82% (n = 506) of former UMAP clients who received a survey by mail sent back a completed form. By end of September 2002, OHCS had received health assessment forms (n=686), including 180 filled out in HPR offices and/or LHDs, from 71.8% of the enrolled former UMAP/PCN population.

As of December 28, 2002, the PCN Program reported total enrollment at 9,124. However, OHCS received a total of 9,984 assessment forms through December. The difference between two sources reflects the denials of PCN applicants that occurred after an applicant completed the survey at PCN orientation. This is consistent with the reported moderate denial rate in PCN enrollment reports.

III. PCN Health Assessment Respondents Covered by this Report

We use the term “PCN health assessment respondents” or “PCN respondents” throughout this report to report the results of the self-health assessment surveys. We cautiously avoid to use the phrase of “PCN enrollee” going forward since approximately one out of every ten-health assessment respondents might be denied their PCN enrollment after they completed the assessment forms. In other words, the population covered by this report includes people who formally applied for PCN, whether or not they were later denied. OHCS is working on linking the assessment records with the PCN eligibility file. Future quarterly reports will contain analysis on the PCN “enrolled” population.

Ten-health indicators’ information on a total of 9,984 PCN health assessment respondents is presented in the report. Unlike the previous quarterly report, we have combined the responses of former UMAP and non-former UMAP respondents for Quarter 1. Please see the Quarter 1 report you received in March 2003 for a breakdown of these groups, or contact one of the report writers for a copy. Quarter 2 PCN respondents were generally found to be healthier than Quarter 1 respondents. This is possibly due to the smaller number of former UMAP members who applied for PCN in Quarter 2 versus Quarter 1.

Over 23%(23.4%) of PCN respondents in this report possess a college degree two years or higher, and approximately 11% (11.1%) of this population is age 55 or over. The majority of the respondents are female (58.6%). Approximately 95% (94.9%) of the respondent’s report ‘English’ as a language spoke at home.

IV. Selected Health Indicators for PCN Health Assessment:

Ten health indicators are derived from the 37 questions in the PCN health assessments. They are two health status indicators, five health care utilization indicators, one health risk behavior indicator, and two enrollee dis-satisfaction indicators. Benchmark and comparable information will be selected and reported with the PCN information in future reports.

Health Status and Health Conditions:

Indicator 1: Self-Reported Health Status (SF-12)

Indicator 2: Prevalence of Chronic Conditions

This section of indicators will serve as outcome measures for the PCN Program performance. Meanwhile, the PCN Program can use the information on prevalence of chronic conditions to conduct health promotion and disease prevention to PCN enrollees.

Health Care Utilization:

Indicator 3: Got Needed Care

Indicator 4: Received Routine Health Care

Indicator 5: Emergency Department Visits

Indicator 6: Hospitalizations

Indicator 7: Got Specialty Care

This section of indicators represents needs assessment for PCN services. It provides information to the PCN policy makers to modify or update the PCN coverage policies and provider recruitment. The PCN Program also can use the information to promote use of primary and preventive care among PCN enrollees.

These indicators also serve as indirect outcome measures. With the improvement of health status of PCN enrollees, their health care needs will change accordingly.

Risk Behavior:

Indicator 8: Prevalence of Smoking and Chewing Tobacco Use

This risk behavior indicator is also an indicator of PCN enrollees' needs for preventive care. The PCN Program can use the information to conduct targeted intervention to PCN tobacco users to reduce health risk among the PCN population.

Enrollee Dis-Satisfaction:

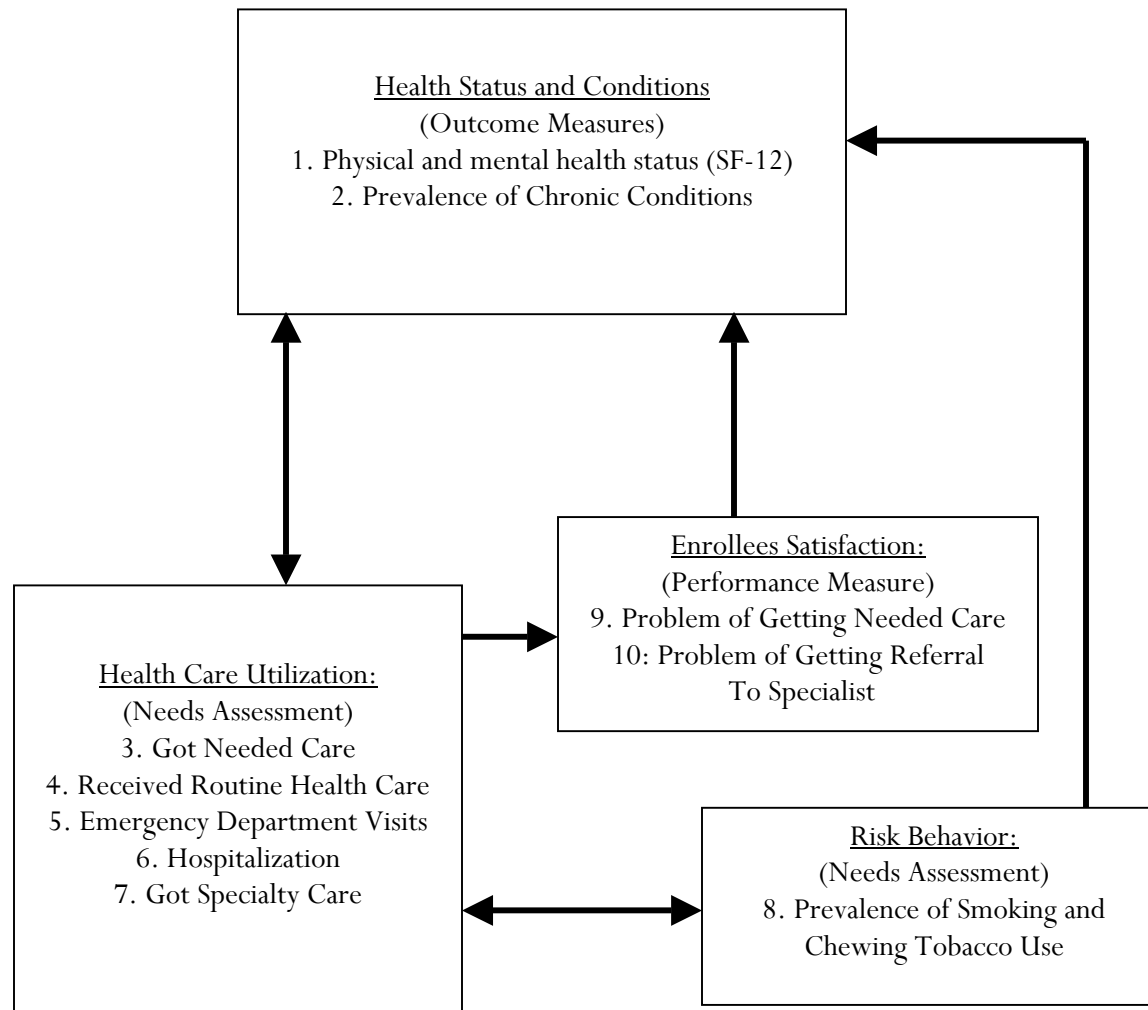
Indicator 9: Problem of Getting Needed Care

Indicator 10: Problem of Getting Referral to Specialists

These two indicators are the program performance measure and reflect the enrollees' satisfaction with the PCN coverage in general (Indicator 9) and the adequacy of the PCN voluntary specialist network (Indicator 10).

The relationship and interaction among the PCN health indicators is further described in the diagram:

**Relationship and Interaction Among PCN Health Indicators and
Outcome or Performance Measures
- A Framework Based on the PCN Self Health Assessment Survey**



IV. Information on Each of the Selected Indicators

Indicator 1: Enrollees' Self-Reported Health Status (a) – Physical Component (SF-12)

For the first 9,984 PCN respondents, 7/1/02 - 12/31/02

PCN Program Objective

To increase the PCN enrollee self-reported physical health status scores.

A. SF-12 SELF-REPORTED HEALTH STATUS PHYSICAL COMPONENT SCORE ('100' = THE BEST HEALTH STATUS)¹

Score	Quarter 1 Respondents N = 4,861	Std Deviation	Quarter 2 Respondents N = 5,123	Std Deviation	Change Q2 - Q1	All Respondents N = 9,984	Std Deviation	U.S. Norm Physical Component, 1998
Physical Component	45.82	16.40	48.36	15.51	2.54	47.10	16.01	49.63

SF-12 Physical Component Scores by Age Group in Comparison with the SF-12 1998 U.S. General Population

Age Group	Quarter 1 Respondents N = 4,861	Quarter 2 Respondents N = 5,123	Change Q2 - Q1	All Respondents N = 9,984	U.S. Norm, SF-12, 1998
19-24 ²	54.03	53.07	-0.96	53.56	53.02
25-34	52.40	53.53	1.13	53.01	53.27
35-44	44.95	48.04	3.09	46.60	52.00
45-54	37.50	41.28	3.78	39.28	49.35
55-64	37.26	38.96	1.70	37.98	46.90

Major Findings

- Quarter 2 PCN respondents reported a better health status (48.36 vs. 45.82) over Quarter 1 respondents. However, the combined quarterly population (Q1+Q2) remained lower than its counterpart in the U.S. general population (47.10 vs. 49.63).
- The 45-54 age group of combined PCN respondents had the largest gap in physical health with their counterpart in the U.S. general population.

Notes

1. Question #1 and Questions #20-30 on the assessment form were used to analyze SF-12 physical and mental health status of PCN applicants.
2. SF-12 U.S. Norm is for the age group of 18-24.
3. U.S. norms obtained from "SF-12v2, How to Score Version 2 of the SF-12 Health Survey" QualityMetric, Inc., pgs. 83-84, 2002.

INDICATOR 1: ENROLLEES' SELF-REPORTED HEALTH STATUS (B) – Mental Component (SF-12)

For the first 9,984 PCN respondents, 7/1/02 - 12/31/02

PCN Program Objective

To increase the PCN enrollee self-reported mental health status scores.

B. SF-12 SELF-REPORTED HEALTH STATUS MENTAL COMPONENT SCORE ('100' = THE BEST HEALTH STATUS)¹

Score	Quarter 1 Respondents N = 4,861	Std Deviation	Quarter 2 Respondents N = 5,123	Std Deviation	Change Q2 - Q1	All Respondents N = 9,984	Std Deviation	U.S. Norm Mental Component, 1998
Mental Component	40.26	5.30	40.29	5.15	0.03	40.27	5.22	49.37

SF-12 Mental Component Scores by Age Group in Comparison with the SF-12 1998 U.S. General Population

Age Group	Quarter 1 Respondents N = 4,861	Quarter 2 Respondents N = 5,123	Change Q2 - Q1	All Respondents N = 9,984	U.S. Norm, SF-12, 1998
19-24 ²	40.06	40.28	0.22	40.17	46.00
25-34	40.23	40.18	-0.05	40.20	48.90
35-44	40.13	40.14	0.01	40.14	48.79
45-54	40.22	40.50	0.28	40.35	49.90
55-64	40.97	40.81	-0.16	40.90	50.84

Major Findings

- Mental health status of all PCN respondents is poorer than the U.S. general population in every age group.
- The 55-64 age group had the largest gap in mental health with their counterpart in the U.S. general population.

Notes

1. Question #1 and Questions #20-30 on the assessment form were used to analyze SF-12 physical and mental health status of PCN applicants.
2. SF-12 U.S. Norm is for the age group of 18-24.
3. U.S. norms obtained from "SF-12v2, How to Score Version 2 of the SF-12 Health Survey" QualityMetric, Inc., pgs. 83-84, 2002.

INDICATOR 2: PREVALENCE OF CHRONIC CONDITIONS

For the first 9,984 PCN respondents, 7/1/02 - 12/31/02

PCN Program Objective:

To better assess prevalence of chronic conditions among PCN enrollees.

A. DIAGNOSED CHRONIC CONDITIONS

Number and Percentage of PCN Respondents Who Have Ever Been Told by a Health Professional that He or She Had Any of the Following Chronic Conditions in Comparison with the 2001 Utah General Population¹

Chronic Condition	Quarter 1 Respondents N = 4,861		Quarter 2 Respondents N = 5,123		Change Q2 - Q1	All Respondents N = 9,984		Utah 2001 General Population been Diagnosed, Age 19-64 ³	
	N	%	N	%		N	%		
Asthma	780	16.0%	680	13.3%	-2.7%	1,460	14.6%	N/A ²	
Arthritis	893	18.4%	738	14.4%	-4.0%	1,631	16.3%	12.6%	± 0.6%
Cancer	201	4.1%	161	3.1%	-1.0%	362	3.6%	N/A	
Diabetes	500	10.3%	407	7.9%	-2.4%	907	9.1%	3.8%	± 0.3%
Depression	1,661	34.2%	1,563	30.5%	-3.7%	3,224	32.3%	N/A	
Heart Disease	281	5.8%	197	3.8%	-2.0%	478	4.8%	2.5%	± 0.3%
High Blood Pressure	1,018	20.9%	789	15.4%	-5.5%	1,807	18.1%	N/A	
Alcohol/Drug Problems	339	7.0%	336	6.6%	-0.4%	675	6.8%	N/A	
Oral Health Problems	1,525	31.4%	1,461	28.5%	-2.9%	2,986	29.9%	N/A	

Major Findings

- Previously-diagnosed chronic conditions among combined PCN respondents decreased for all measures in Quarter 2 compared to Quarter 1.
- PCN combined respondents have a higher prevalence in being told or diagnosed with arthritis, diabetes, and heart diseases, than the 2001 Utah general population.

Notes

1. Question #2 on the health assessment form was used to analyze Diagnosed Chronic Conditions. Multiple answers were allowed for this question.
2. N/A means that the information was not available.
3. Source of comparable data: Office of Public Health Assessment. (2002). 2001 Health Status Survey. Salt Lake City, UT: Utah Department of Health.

INDICATOR 2: PREVALENCE OF CHRONIC CONDITIONS (CONTINUED)

For the first 9,984 PCN respondents, 7/1/02 - 12/31/02

B. CURRENT CHRONIC CONDITIONS

Number and Percentage of PCN Respondents Who Have Ever Been Told By a Health Professional that He or She Had a Chronic Condition and Still Have that Condition¹

Chronic Condition	Quarter 1 Respondents N = 4,861		Quarter 2 Respondents N = 5,123		Change Q2 – Q1	Q1 + Q2 N = 9,984	
	N	%	N	%		N	%
Asthma	630	13.0%	539	10.5%	-2.5%	1,169	11.7%
Arthritis	840	17.3%	709	13.8%	-3.5%	1,549	15.5%
Cancer	67	1.4%	66	1.3%	-0.1%	133	1.3%
Diabetes	476	9.8%	368	7.2%	-2.6%	844	8.5%
Depression	1,345	27.7%	1,248	24.4%	-3.3%	2,593	26.0%
Heart Disease	249	5.1%	172	3.4%	-1.7%	421	4.2%
High Blood Pressure	808	16.6%	613	12.0%	-4.6%	1,421	14.2%
Alcohol/Drug Problems	158	3.3%	144	2.8%	-0.5%	302	3.0%
Oral Health Problems	1,258	25.9%	1,224	23.9%	-2.0%	2,482	24.9%

Major Finding

- Self-reported chronic conditions decreased for all measures in Quarter 2 compared to Quarter 1.
- Approximately one in four PCN respondents is affected by either depression (26.0%) or oral health problems (24.9%).

Notes

1. Question #3 on the health assessment form was used to analyze Current Chronic Conditions. Multiple answers were allowed for this question.

INDICATOR 3: GOT NEEDED CARE

For the first 9,984 PCN respondents, 7/1/02 - 12/31/02

PCN Program Objective

To increase the percentage of PCN enrollees who need medical and dental care and prescription medications and are able to receive the needed medical and dental care and prescription medications.

A. NEEDED HEALTH CARE

Number and Percentage of PCN Enrollees Who Needed Any of the Following Kinds of Health Care¹

	Quarter 1 Respondents N = 4,861		Quarter 2 Respondents N = 5,123		Change Q2 – Q1	Q1 + Q2 N = 9,984	
	N	%	N	%	%	N	%
Medical Care	3,056	62.9%	2,900	56.6%	-6.3%	5,956	59.7%
Dental Care	2,132	43.9%	2,227	43.5%	-0.4%	4,359	43.7%
Mental Health Care	800	16.5%	745	14.5%	-2.0%	1,545	15.7%
Alcohol/Drug Treatment	162	3.3%	177	3.5%	0.2%	339	3.4%
Prescription Medication	2,978	61.3%	2,816	55.0%	-6.3%	5,794	58.0%
Other	526	10.8%	456	8.9%	-1.9%	982	9.8%

Major Findings

- Quarter 2 PCN respondents reported a moderate decrease (over 6%) in needing medical care (56.6%) and prescription medication (55.0%) than Q1 PCN respondents (62.9%, 61.3% respectively).
- Fifty-eight percent (58.0%) of the survey population needed prescription medication within six months prior to completing the PCN assessment form. Nearly forty-four percent (43.7%) required some type of dental care during the same period.

Notes

1. Question #4 on the health assessment form was used to analyze Got Needed Care. Multiple answers were allowed for this question

INDICATOR 3: GOT NEEDED CARE (CONTINUED)
For the first 9,984 PCN respondents, 7/1/02 - 12/31/02

B. ABLE TO RECEIVE NEEDED HEALTH CARE

Number and Percentage of PCN Enrollees Who Received Any of the Following Kinds of Needed Health Care¹

	Quarter 1 Respondents N = 4,861		Quarter 2 Respondents N = 5,123		Change Q2 – Q1	Q1 + Q2 N = 9,984	
	N	%	N	%	%	N	%
Medical Care	2,042	66.8%	1,858	64.1%	-2.7%	3,900	65.5%
Dental Care	807	37.9%	875	39.3%	1.4%	1,682	38.6%
Mental Health Care	463	57.9%	413	55.4%	-2.5%	876	56.7%
Alcohol/Drug Treatment	108	66.7%	107	60.5%	-6.2%	215	63.4%
Prescription Medication	1,897	63.7%	1,708	60.7%	-3.0%	3,605	62.2%
Other	98	18.6%	100	21.9%	3.3%	198	20.2%

Major Findings

- PCN respondents who needed and received care for alcohol/drug problems, in the past six months, decreased 6.2% in the Quarter 2 (60.5%) versus Quarter 1 (66.7%).
- Over one-third of the survey population (37.8%) was unable to receive needed prescription medication within six months prior to completing the PCN health assessment form.

Notes

1. Question #5 on the health assessment form was used to analyze Able to Receive Needed Health Care. Multiple answers were allowed for this question.

INDICATOR 4: RECEIVED ROUTINE CARE

For the first 9,984 PCN respondents, 7/1/02 - 12/31/02

PCN Program Objective

To increase the use of routine health care among PCN enrollees.

Number and Percentage of PCN Respondents Who Went to a Health Provider to Get Routine Care for Themselves in the Last Six Months¹

	Quarter 1 Respondents N = 4,861		Quarter 2 Respondents N = 5,123		Change Q2 – Q1	Q1 + Q2 N = 9,984		Utah General Population 2001 (Health Status Survey) ²	
	N	%	N	%	%	N	%		
None	2,124	43.7%	2,553	49.8%	6.1%	4,677	46.8%		
One or more times	2,696	55.5%	2,476	48.4%	-7.1%	5,172	51.8%	70.70%	<u>±1.1%</u>
Unknown	41	0.8%	94	1.8%	1.0%	135	1.4%		
Total	4,861	100%	5,123	100%		9,984	100%		

Major Findings

- Nearly half (46.8%) of the survey population, Quarter 1 + Quarter 2, did not receive routine care within six months prior to completing the PCN health assessment form.
- The gap of receiving routine care between PCN respondents (Quarter 1 + Quarter 2) and the Utah general population was significant.

Notes

1. Question #6 on the health assessment form was used to analyze Got Needed Care.
2. Source of comparable data: Office of Public Health Assessment. (2002). Overview of the 2001 Health Status Survey (2001 Utah Health Status Survey Report). Salt Lake City, UT: Utah Department of Health.

INDICATOR 5: EMERGENCY DEPARTMENT VISITS

For the first 9,984 PCN respondents, 7/1/02 - 12/31/02

PCN Program Objective

To reduce preventable or avoidable emergency department visits among PCN enrollees.

Number and Rate of PCN Respondents Who Went to an Emergency Room to Get Care for Themselves in the Last Six Months, in Comparison with the Utah 2001 General Population¹

	Self Reported ED Visits									
	Quarter 1 Respondents N = 4,861		Quarter 2 Respondents N = 5,123		Change Q2 – Q1	Q1 + Q2 N = 9,984		Estimated of PCN ED Visits²		Utah Population, Age 18–64 ED Visit Rate, 2000² (Six Month Estimate)
	N	%	N	%	%	N	%	N	%	%
None	3,500	72.0%	3,720	72.6%	0.6%	7,220	72.3%			
One or More Times	1,231	25.4%	1,214	23.7%	-1.7%	2,445	24.5%			
One	744	15.3%	761	14.9%	-0.4%	1,505	15.1%	1,505		
Two or Three	397	8.2%	345	6.7%	-1.5%	742	7.4%	1,484		
Four or More	90	1.9%	108	2.1%	0.2%	198	2.0%	792		
Unknown	130	2.6%	189	3.7%	1.1%	319	3.2%			
Total	4,271	100%	5,123	100%		9,984	100%	3,781	37.9%	12.3%

Major Finding

- Approximately one in four (24.5%) Quarter One and Quarter Two PCN respondents went to an emergency room within six months prior of completing the PCN health assessment form.

Notes

- Question #10 on the health assessment form was used to analyze Emergency Department Visits.
- Source of comparable data: Utah Office of Health Care Statistics. (2002). Utah Emergency Department Encounter Database. Salt Lake City, UT: Utah

INDICATOR 6: HOSPITALIZATIONS

For the first 9,984 PCN respondents, 7/1/02 - 12/31/02

PCN Program Objective

To reduce preventable or avoidable hospitalizations among PCN enrollees.

Number and Rate of Hospitalizations for PCN Respondents Who Stayed Overnight in a Hospital in the Last Six Months, in Comparison with the Utah General Population¹

	Self Reported Hospitalizations										
	Quarter 1 Respondents N = 4,861		Quarter 2 Respondents N = 5,123		Change Q2 – Q1	Q1 + Q2 N = 9,984		Estimated of Hospitalizations²		Utah Population, Age 18-64 Hospitalization, 2001 (Six Month Estimate)	
	N	%	N	%	%	N	%	N	Rate per 10,000 PCN enrollees	Rate per 10,000 Utah Residents	
None	4,376	90.0%	4,551	88.8%	-1.2%	8,927	89.4%				
One or More Times	453	9.3%	489	9.5%	0.2%	942	9.4%				
One	316	6.5%	316	6.2%	-0.3%	632	6.3%				632
Two or Three	86	1.8%	108	2.1%	0.3%	194	1.9%				388
Four or More	51	1.0%	65	1.3%	0.3%	116	1.2%				464
Unknown	32	0.7%	83	1.6%	0.9%	115	1.2%				
Total	4,861	100%	5,123	100%		9,984	100%	1,484	14.9%	4.2%	

Major Finding

- PCN respondents are estimated to use inpatient services over three times as often (14.5% vs. 4.2%) than the 2001 Utah population, age 18-64.

Notes

1. Question #13 on the health assessment form was used to analyze to Self-Reported Hospitalizations.
2. Source of comparable data: Utah Office of Health Care Statistics. (2002). Utah Inpatient Hospital Discharge Database. Salt Lake City, UT: Utah Department of Health. Note: Comparable data is for the 18-64 year old age group.

INDICATOR 7: GOT SPECIALTY CARE

For the first 9,984 PCN respondents, 7/1/02 - 12/31/02

PCN Program Objective

To increase the number of PCN enrollees who need specialty care and are able to receive the needed care.

A. NEEDED SPECIALTY CARE

Number and Percentage of PCN Enrollees Whose Doctors Thought They Needed Specialty Care in the Last Six Months¹

	Quarter 1 Respondents N = 4,861		Quarter 2 Respondents N = 5,123		Change Q2 – Q1	Q1 + Q2 N = 9,984	
	N	%	N	%	%	N	%
Yes	1,781	36.6%	1,603	31.3%	-5.3%	3,384	33.9%
No	2,969	61.1%	3,338	65.2%	4.1%	6,307	63.2%
Unknown	111	2.3%	182	3.6%	1.3%	293	2.9%
Total	4,861	100%	5,123	100%			100%

Major Findings

- PCN respondents who needed to see a specialist, six months prior to completing the PCN health assessment form, dropped 5.5% in Quarter 2 versus Quarter 1.
- Over one in three (33.9%) PCN respondents, Quarter One + Quarter Two, needed to see a specialist within six months prior to completing the PCN health assessment form.

Notes

1. Question #14 on the health assessment form was used to analyze Needed Specialty Care.

INDICATOR 7: GOT SPECIALTY CARE (CONTINUED)
For the first 9,984 PCN respondents, 7/1/02 - 12/31/02

B. ABLE TO RECEIVE NEEDED SPECIALTY CARE

Number and Percentage of PCN Enrollees Who Received Needed Specialty Care in the Last Six Months¹

	Quarter 1 Respondents N = 4,861		Quarter 2 Respondents N = 5,123		Change Q2 – Q1	Q1 + Q2 N = 9,984	
	N	%	N	%	%	N	%
Yes	1,133	63.6%	993	61.9%	-1.7%	2,126	62.8%
No	622	34.9%	593	37.0%	2.1%	1,215	35.9%
Unknown	26	1.5%	17	1.1%	-0.4%	43	1.3%
Total	1,781	100%	1,603	100%		3,384	100%

Major Findings

- Approximately two thirds of PCN respondents (62.8%) who needed specialty care saw a specialist within six months prior to completing the PCN health assessment form.
- Thirty-seven percent (37.0%) of PCN respondents, whose doctor believed they needed specialty care, did not receive care from a specialist.

Notes

1. Question #16 on the health assessment form was used to analyze Received Needed Specialty Care.
2. Denominator for each category equals the number of enrollees that, either by personal opinion or suggested by a doctor, needed to see a specialist.

INDICATOR 8: PREVALENCE OF SMOKING AND CHEWING TOBACCO USE

For the first 9,984 PCN respondents, 7/1/02 - 12/31/02

PCN Program Objective

To reduce self-reported tobacco use among PCN enrollees who currently use tobacco.

A. USE OF CIGARETTES AND CHEWING TOBACCO

Number and Percentage of PCN Respondents Who Now Smoke or Use Chew Tobacco, in Comparison with the Utah General Adult Population¹

	Q1 Respondents N = 4,861		Q2 Respondents N = 5,123		Change Q2 - Q1	All Respondents N = 9,984		% of Utah General Adult Population ³
	N	%	N	%	%	N	%	%
Yes	1,477	30.4%	1,543	30.1%	-0.3%	3,020	30.2%	10.0%
No	3,306	68.0%	3,420	66.8%	-1.2%	6,726	67.4%	12.0%
Unknown	78	1.6%	160	3.1%	1.5%	238	2.4%	78.0%
Total	4,861	100%	5,123	100%	N/A	9,984	100%	0.0%

Major Findings

- More than 30% (30.2%) of PCN respondents either smoke or chew tobacco.
- Number of PCN respondents who either smoke or chew tobacco is three times greater (30.2% versus 10.0%) than the Utah general adult population (smoking only).

Notes

1. Question #31 (Tobacco Use) and Question #32 (Request for Information) on the health assessment form was used for this analysis.
2. Current cigarette smoking (age 19 and over) = smoked 100 cigarettes or more and currently smokes every day or some days.
3. Source of comparable information: Office of Public Health Assessment. 2001 Utah's Behavioral Risk Factor Surveillance System Questionnaire. Salt Lake City, UT: Utah Department of Health.

INDICATOR 8: PREVALENCE OF SMOKING AND CHEWING TOBACCO USE (CONTINUED)

For the first 9,984 PCN respondents, 7/1/02 - 12/31/02

PCN Program Objective

To identify PCN enrollees interested in receiving tobacco cessation materials.

B. REQUESTS FOR SMOKING CESSATION MATERIALS

Number and Percentage of PCN Respondents Who Would Like Information on a Free Program to Help Them to Quit Smoking. ¹

	Quarter 1 Respondents N = 4,861		Quarter 2 Respondents N = 5,123		Change Q2 - Q1	All Respondents N = 9,984	
	N	%	N	%	%	N	%
Yes	1,022	67.0%	1,018	66.0%	-1.0%	2,040	67.5%
Maybe	-	1.3%	-	0.0%	-1.3%	-	0.0%
No	434	30.2%	503	32.6%	2.4%	937	31.0%
Unknown	21	1.5%	22	1.4%	-0.1%	43	1.5%
Total	1,477	100%	1,543	100%	N/A	3,020	100%

Major Findings

- PCN respondents who requested smoking cessation materials dropped 1% in Quarter 2 versus Quarter 1. Percentage of respondents who refused materials increased 2.4%.
- Over two thirds of PCN respondents (67.5%) would like to receive smoking cessation materials.

Notes

1. Question #31 (Tobacco Use) and Question #32 (Request for Information) on the health assessment form was used for this analysis.
2. Current cigarette smoking (age 19 and over) = smoked 100 cigarettes or more and currently smokes every day or some days.
3. Source of comparable information: Office of Public Health Assessment. 2001 Utah's Behavioral Risk Factor Surveillance System Questionnaire. Salt Lake City, UT: Utah Department of Health.

INDICATOR 9: PROBLEM OF GETTING NEEDED CARE

For the first 9,984 PCN respondents, 7/1/02 - 12/31/02

PCN Program Objective

To reduce access barriers for PCN enrollees who need care that the enrollee or doctor believes necessary.

Number and Percentage of PCN Respondents Who Reported There was a Problem to Get the Care a Doctor Believed Necessary in the Last Six Months, in Comparison with Medicaid HMO Enrollees¹

	Quarter 1 Respondents N = 4,861		Quarter 2 Respondents N = 5,123		Change Q2 - Q1	All Respondents N = 9,984	
	N	%	N	%	%	N	%
A Big Problem	1,302	26.8%	1,273	24.8%	-2.0%	2,575	25.8%
A Small Problem	910	18.7%	854	16.7%	-2.0%	1,764	17.7%
Not a Problem	1,471	30.3%	1,516	29.6%	-0.7%	2,987	29.9%
Did Not Need Health Care	1,082	22.3%	1,312	25.6%	3.3%	2,394	24.0%
Unknown	96	2.0%	168	3.3%	1.3%	264	2.6%
Total	4,861	100%	5,123	100%		9,984	100%

Major Findings

- Nearly 42 percent (41.5% of Quarter Two PCN respondents reported having a problem in getting needed care within six months prior to completing the PCN health assessment form.
- Reported percentage of Quarter Two PCN respondents having a problem in getting needed care (41.5%) was 4 percent lower than found in Quarter One PCN respondents (45.5%).

Notes

1. Question #7 on the health assessment form was used to analyze Problem Receiving Needed Care.
2. Source of Comparable Data: 2001 HMO Performance Report, Utah Department of Health, 2001.

INDICATOR 10: PROBLEM OF GETTING REFERRALS TO THE SPECIALISTS

For the first 9,984 PCN respondents, 7/1/02 - 12/31/02

PCN Program Objective

To reduce the percentage of self-reported difficulty to get the care that an enrollee or a doctor believed necessary.

Number and Percentage of PCN Respondents Who Reported There Was a Problem to Get a Referral to the Specialist She/He Needed to See, in Comparison with Medicaid HMO Enrollees¹

	Quarter 1 Respondents N = 4,861		Quarter 2 Respondents N = 5,123		Change Q2 - Q1	All Respondents N = 9,984		Adult Medicaid HMO Enrollees CAHPS 2000 ²
	N	%	N	%	%	N	%	%
A Big Problem	570	32.0%	462	28.8%	-3.2%	1,032	30.5%	10.0%
A Small Problem	281	15.8%	259	16.2%	0.4%	540	16.0%	12.0%
Not a Problem	884	49.6%	852	53.2%	3.6%	1,736	51.3%	78.0%
Unknown	46	2.6%	30	1.9%	-0.7%	76	2.2%	0.0%
Total	1,781	100%	1,603	100%		3,384	100%	100%

Major Findings

- Nearly 47 percent (46.5%) of all PCN respondents had a problem getting a referral to her/his needed specialist.
- Approximately two-thirds (62.8%) of Quarter One and Quarter Two PCN respondents saw a specialist within the six months prior to completing the PCN health assessment form.

Notes

1. Question # 15 on the health assessment form was used to analyze Problem of Getting Referrals to Specialists.
2. Source of Comparable Data: 2001 HMO Performance Report, Utah Department of Health, 2001.

V. References

1. Quality Metric Incorporated. (2002). SF-12v2: How to Score Version 2 of the SF-12 Health Survey. Lincoln, RI.
2. Office of Public Health Assessment. (2002). Overview of the 2001 Health Status Survey (2001 Utah Health Status Survey Report). Salt Lake City, UT: Utah Department of Health.
3. Utah Office of Health Care Statistics. (2002). Utah Emergency Department Encounter Database. Salt Lake City, UT: Utah Department of Health.
4. Utah Office of Health Care Statistics. (2002). Utah Inpatient Hospital Discharge Database. Salt Lake City, UT: Utah Department of Health.
5. Utah Office of Health Care Statistics. (2001). 2001 Utah HMO Performance Report, How to Compare HMOs: Part I, Consumer Satisfaction Survey Results. Salt Lake City, UT: Utah Department of Health.
6. Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001.

VI. Appendices

Appendix A. The PCN Self Health Assessment Questionnaire

VI. Appendices (continued)

Appendix B. Detailed Tables of the PCN Self Health Assessment

- For the first 4,175 non-former UMAP PCN respondents from July 1 to September 30, 2002
- For the 686 former UMAP PCN respondents from July 1 to September 30, 2002
- For the first 4,861 PCN respondents (non-former UMAP + former UMAP) from July 1 to September 30, 2002
- For the first 9,984 PCN respondents from July 1 to December 31, 2002

Note: Appendix B is not included in this copy of the report. Please contact Mike Martin at 801-538-9205 or Mikemartin@utah.gov, if you would like to have a copy of the detailed tables.